

www.mass.gov/abcc

LICENSE NUMBER	R: 008600002		CITY OR	TOWN	BELLINGH	IAM
APPLICATION FOI	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
	STAMATIA KONTO A BELLINGHAM HO RTFORD AVE		A & PUB			
CITY/TOWN: BEI		STATE: M	IA ZIP C	ODE:	02019	
MANAGER:		E OF LICENSE:	_		ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	UR EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREMISE	ES:				
KITCHEN AND FO	DING TO MAIN ROO OD PREP AREA. RES ONT, 2 OTHER EXIT	STROOMS ON	RIGHT SIDE.	ONE EX	XIT AND	
I hereby certify and s	swear under penalties o	f perjury that:				
	red license will be of th	• 1	•			
	ee has complied with a			relating to	taxes; and	
3. the premi	ses are now open for b	usiness (If not e	xplain below)			
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Office	r		
DATE						
DATE:	TELEPHONE	NUMBER:			IDENTIFICATI ividual Social Se	
Acts of 2004, signed	d, attest that we are in	ector and the h) the certificat nead of the fire	e require e departn	ed by Chapte nent for the	er 304 of the above
of 2010.	(2) the certificate of li	quor liability i	nsurance requ	iired by (Chapter 116	of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMI	BER: 008600004		CITY OR TOWN BELLIN	GHAM
APPLICATION :	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAN	ME: JPM MANAG	EMENT, LLC		
DOING BUSINE	ESS A OUR KITCH	IEN		
ADDRESS 799S	OUTH MAIN STR	EET UNIE#4		
CITY/TOWN: 1	BELLINGHAM	STATE: MA	ZIP CODE: 02019	
	OPPO, SWENDOLYN	TYPE OF LICENSE: Rest	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PRI	EMISES:		
			OOMS, STORAGE. LOWER HEN. ENTRAN AND EXIT (
I hereby certify a	nd swear under pena	alties of perjury that:		
1. the real	newed license will b	e of the same type for the	same premises now licensed;	
2. the lic	ensee has complied	with all laws of the Comm	onwealth relating to taxes; an	d
3. the pr	emises are now open	n for business (If not expla	in below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corpor	rate Officer	
DATE:		VOLE 144 (DED	EMPLOYER IDENTIFIC	ATION NI IMPER.
DITTE.	TELEPI	HONE NUMBER:	(Note: NOT Individual Socia	
Acts of 2004, sig	gned by the buildin	g inspector and the head	certificate required by Cha of the fire department for the cance required by Chapter 1	he above
Please Check Below:	<u>.</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)		-	
DATE:				
DATE.				



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LICENSE NUI	MBER: 008600007		CITY OR TOWN	BELLINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NIGHT TRAIN,	INC.		
DOING BUSIN	NESS A FIFTY'S LOUN	GE		
ADDRESS 168	8 MENDON ST			
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE:	02019
MANAGER:	TINIO, TY SALVATORE J.	PE OF LICENSE: Resi	taurant CA	TEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREM			
KITCHEN AN	MISES,INCLUDING MA ID BASEMENT,2 ENTR IT/EXIT AND REAR EN	ANCES AND EXITS I		
I hereby certify	and swear under penaltie	es of perjury that:		
	renewed license will be o		=	
	licensee has complied wit		<u> </u>	taxes; and
3. the	premises are now open for	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
	signed, attest that we ar signed by the building i	_	_	d by Chapter 304 of the
	e and (2) the certificate (
Please Check Belo	ow:		LOCAL LICENSI	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
			-	
DATE:				



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LICENSE NUM	BER: 008600009		CITY OR TOWN BELLING	э́НАМ
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: PETE'S BLUI	EBIRD INC.		
DOING BUSINI	ESS A			
ADDRESS 93 M	MENDON ST.			
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE: 02019	
	CONIARIS, WILLIAM P.	TYPE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
	OF LICENSED PR			
		ESTROOMS,KITCHEN,2 Γ FLOOR. ENT/EXIT ON	DINING ROOMS, OPEN TER SAID ST	RRACE
I hereby certify a	and swear under pen	alties of perjury that:		
•	-		same premises now licensed;	
2. the lie	censee has complied	with all laws of the Comm	onwealth relating to taxes; and	I
3. the pr	remises are now ope	n for business (If not explain	in below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpor	rate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, si	gned by the buildir	ng inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below	<u>:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	Apiaiii)			
			-	
DATE:				



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LICENSE NUMBE	R:008600012		CITY OR TOWN BELL	∟INGHAM
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	ANGELO SKR	ITAKIS		
DOING BUSINESS	A FAMOUS HO	OUSE OF PIZZA		
ADDRESS 40 NOR	TH MAIN ST.			
CITY/TOWN: BEI	LLINGHAM	STATE: MA	ZIP CODE: 0201	19
MANAGER:	ר	ΓΥΡΕ OF LICENSE: Re	estaurant CATEGO	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF				
PINE HILL PLAZA ENT/EXIT ON NOI		RY BLDG WITH BAS	SEMENT, ONE ROOM PLU	JS PATIO.
I hereby certify and	swear under penal	ties of perjury that:		
1. the renew	ved license will be	of the same type for the	e same premises now license	ed;
2. the licens	see has complied v	vith all laws of the Com	monwealth relating to taxes	; and
3. the premi	ises are now open	for business (If not exp	lain below)	
SIGNED BY	Individual Dort	tner or Authorized Corp	vorata Officar	
	marviduai, Fart	her of Addiorized Corp	orate Officer	
DATE:	TELEDIA	ONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
	TELEFT	ONE NUMBER.	(Note: NOT Individual S	
Acts of 2004, signe	d by the building	inspector and the hea	ne certificate required by (ad of the fire department four urance required by Chapt	or the above
of 2010.				
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008600014	(CITY OR TOWN BELLING	iHAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BELLINGHAM	M PALACE PIZZA LLC		
DOING BUSINESS A BELLINGHA	M PALACE PIZZA		
ADDRESS 90 PULASKI BLVD			
CITY/TOWN: BELLINGHAM	STATE: MA	ZIP CODE: 02019	
MANAGER: HATJOPOULOS, GEORGE	ΓΥΡΕ OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	<u> </u>
DESCRIPTION OF LICENSED PRE	MISES:		
ONE SINGLE STORY BRICK BLOC PERSONS; HAVING TWO ENTRAM BACK EMPLOYEES			
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now licensed;	
•		onwealth relating to taxes; and	
3. the premises are now open	for business (If not explai	n below)	
SIGNED BY Individual, Part	tner or Authorized Corpor	ate Officer	
	·		
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
1 3 3 3 1 1		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	g inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUMBER: 0	08600016		CITY	Y OR TOWN	1 BELLING	HAM
APPLICATION FOR R	ENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: P	HANTOM FOOD	CORP.				
DOING BUSINESS A	GRUMPY'S					
ADDRESS 190 PULAS	SKI BLVD.					
CITY/TOWN: BELLI	NGHAM	STATE:	MA Z	ZIP CODE:	02019	
MANAGER: LAHOU BRIAN		PE OF LICENS	E:Restaura	nt (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LIG						
ONE STORY BLDG H BLDG. BACK ENTRA			LOUNGE,	MAIN ENTR	RANCE ON SI	DE OF
I hereby certify and swe	ear under penalties	of perjury that				
1. the renewed	license will be of	the same type f	or the same	premises no	w licensed;	
2. the licensee	has complied with	all laws of the	Commonwe	ealth relating	to taxes; and	
3. the premises	are now open for	business (If no	t explain be	low)		
SIGNED BY						
I	ndividual, Partner	or Authorized	Corporate C	Officer		
D						
DATE:	TELEPHON:	E NUMBER:			ER IDENTIFICAT ndividual Social S	
				(Note. NOT	ndividuai sociai s	security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and th	e head of th	e fire depar	tment for the	above
Please Check Below:			LO	CAL LICEN	ISING AUTH	ORITY
APPROVED:	1		By	:		
DISAPPROVED:						
(If disapproved explain)	,					
DATE:						



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LICENSE NU	MBER: 008600019		CITY OR TOWN	BELLINGHAM	
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED F		
		CLASS		YEAR	
LICENSEE NA DOING BUSI	AME: BELLINGHAM I NESS A	POST #7272 V.F.W.C	OF THE U.S. INC.		
ADDRESS 94	0 SOUTH MAIN ST.				
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE:	02019	
MANAGER:	POWERS, TY FRANCIS S.	PE OF LICENSE: Ve	eterans club Ca	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
DESCRIPTIO	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
ONE STORY BLDG AND C	CEMENT BLOCK BLDO DNE LARGE MEETING D ST Outside left side of	G WITH CONCRETE ROOM IN REAR OF	BLDG, NO CELLA	R. ENTRANCE AND	
I hereby certify	y and swear under penaltie	es of perjury that:			
1. the	renewed license will be o	f the same type for the	e same premises now	licensed;	
2. the	licensee has complied wit	h all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now open for	r business (If not exp	ain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:	
			(Note: NOT Ind	lividual Social Security Number)	
Acts of 2004,	rsigned, attest that we ar signed by the building in e and (2) the certificate (nspector and the hea	d of the fire departi		
Please Check Belo			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 uisappiovec	a Capiani)				
DATE:					



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LICENSE NUMBER: 008	8600020		CH	Y OR TOWN	DELLING	HAIVI
APPLICATION FOR RE	NEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: CO DOING BUSINESS A	ACHMEN'S LODGE	E INC.				
ADDRESS 273 WRENTI	HAM ST.					
CITY/TOWN: BELLING	GHAM S	TATE: M	ſΑ	ZIP CODE:	02019	
MANAGER: DECELLING NORMAN		FLICENSE	:Restaura	ant (CATEGORY:	All Alcohol
EMAIL ADDRESS:	E ALSO VISIT OUR WEBSITE	AND ENTER YO	UR EMAIL A	DDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:					
UPPER FLOOR HAS KIT COATROOMS. DOWNS EXIT ON SAID STREET EXTENDED ON GROUN	TAIRS HAS SERVICE C. EXT OF SERVICE	CE BAR,KI S-ADDITIO	TCHEN,	DINING HA	LL. ENTRAN	ICE AND
I hereby certify and swear	under penalties of pe	erjury that:				
1. the renewed lic	cense will be of the sa	me type for	the same	e premises no	w licensed;	
2. the licensee ha	s complied with all la	ws of the C	ommonw	ealth relating	to taxes; and	
3. the premises a	re now open for busin	ess (If not e	explain be	elow)		
SIGNED BY	lividual, Partner or A	uthorized Co	orporate	Officer		
DATE:	TELEPHONE NU	MBER:			ER IDENTIFICAT	
				(Note: NOT I	ndividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspecto	or and the l	head of t	he fire depai	tment for the	above
Please Check Below:			LO	OCAL LICEN	ISING AUTH	ORITY
APPROVED:			By	<i>i</i> :		
DISAPPROVED: (If disapproved explain)						
(11 disapproved expiaili)						
			=			
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008600021		CITY OR TOWN	BELLINGHAM	
APPLICATION FOR RENEWAL:	DR RENEWAL: Annual LICENSED			
	CLASS		YEAR	
LICENSEE NAME: PRIMAL PAT	EL			
DOING BUSINESS A BELLINGHA	AM GROCERY STORE			
ADDRESS 19 NORTH MAIN STRE	EET			
CITY/TOWN: BELLINGHAM	STATE: MA	ZIP CODE:	02019	
MANAGER:	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PRE	EMISES:			
2000 SQ FT STORE WITH STREET AND REAR ENTRANCE	ΓENTRANCE FROM R	OUTE 126. ONE FI	OOR WITH FRONT	
3. the premises are now oper SIGNED BY Individual, Par	n for business (If not expl	·		
mar radar, ra	ruler of Fluidonized Corp	orace officer		
DATE: TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	08600022		CITY	Y OR TOWN	BELLING	HAM
APPLICATION FOR R	ENEWAL:	Annua	1	LICEN	ISED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME: J	AY JALARAI	M BAPA CORPOR	ATION			
DOING BUSINESS A	LARRY'S PA	CKAGE STORE				
ADDRESS 264 N MAI	N STREET					
CITY/TOWN: BELLI	NGHAM	STATE:	MA Z	ZIP CODE:	02019	
MANAGER: PATEL	, Priti S	TYPE OF LICENS	E:Package	Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	CASE ALSO VISIT O	JR WEBSITE AND ENTER Y	OUR EMAIL AD	DRESS		1
DESCRIPTION OF LIC	CENSED PRE	MISES:				
SINGLE STORY BLDONO CELLAR. SALES I LOADING PLATFORI GROCERY SALES	ROOM HAS A	A REAR EXIT. ST	ORAGE RO	OOM HAS ON	NE EXIT DO	OR TO
I hereby certify and swe	ear under pena	lties of perjury that	:			
1. the renewed	license will be	e of the same type f	or the same	premises now	licensed;	
2. the licensee	has complied	with all laws of the	Commonwe	ealth relating t	to taxes; and	
3. the premises	are now open	for business (If no	t explain be	low)		
SIGNED BY	ndividual Par	tner or Authorized	Cornorate (Officer		
•	narviadai, i di	mer of Hamorizea	corpor ute c	Jilieei Jilieei		
DATE:	TEI EDU	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEELT	ONE NUMBER.				ecurity Number)
Please Check Below: APPROVED:				CAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By			
(If disapproved explain))					
			_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	008600023		C	II Y OK IO	WN BELLING	ΠAIVI
APPLICATION FOR	RENEWAL:	Annu	al	LIC	CENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 417 PULA	A 7-ELEVEN	ST. MEKERO, CO	ORP			
CITY/TOWN: BELI	INGHAM	STATE:	MA	ZIP CODE	E: 02019	
MANAGER: EMAI	O ASAAD	ΓΥΡΕ OF LICEN	SE:Packa	ge Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF L						
MINI SUPERMARKI ENTRANCE/EXIT B BACK EXIT.						NG TO
2. the license	e has complied v	of the same type with all laws of the for business (If no	e Commo	nwealth relati		
SIGNED BY	Individual, Par	tner or Authorized	l Corpora	te Officer		
DATE:	TELEPH	ONE NUMBER:			OYER IDENTIFICATE $f T$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			LOCAL LIC By:	ENSING AUTH	ORITY
DATE:	,					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0080	500024		CITY OR TOWN	BELLING	HAM
APPLICATION FOR REN	IEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S &	H VARIETY,	INC.			
DOING BUSINESS A BO	B'S BAKE-N	-BEVERAGE			
ADDRESS 220 PULASKI	BLVD.				
CITY/TOWN: BELLING	HAM	STATE: M	IA ZIP CODE:	02019	
MANAGER: PATEL, JA	AIMINI TY	PE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR W	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMI	SES:			
SINGLE STORY BLDG V AND EXIT ON SAID STE		AY AREA,WALK	IN COOLER WASHRO	OOMS. ENT	ΓRANCE
3. the premises are SIGNED BY	e now open for			o taxes; and	
	•				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 008600026		CITY OR TOWN	N BELLING	HAM
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013					
		CLASS			YEAR
LICENSEE NAME	E: VETS PACK	AGE STORE, INC.			
DOING BUSINES	S A				
ADDRESS 240 S	MAIN STREET				
CITY/TOWN: BE	ELLINGHAM	STATE: M	A ZIP CODE:	02019	
	MILLARD, AN K.	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF					
		TH FRONT ROOM FO CE AND LAV. ONE F)
		NTR/EXIT ON SAID S			
I hereby certify and	l swear under per	nalties of perjury that:			
		be of the same type for	=		
	=	d with all laws of the Co	_	to taxes; and	
3. the pren	nises are now ope	en for business (If not e	xplain below)		
SIGNED BY	Individual P	artner or Authorized Co	ornorate Officer		
	mar radur, r	artifer of Traditorized Co	rporate officer		
DATE:	TEI EI	HONE NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	IELEF	HONE NUMBER.		ndividual Social S	
Please Check Below: APPROVED:	7		LOCAL LICEN	ISING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved exp	olain)				
·					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	::008600027		CITY OR TOW	N DELLING	HAIVI
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 201 PUL	A	RMS, INC.			
CITY/TOWN: BEL		STATE: MA	ZIP CODE:	02019	
	WITZ, PHEN	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF 1			ATTENDED AND COMMENT		
TO THE LEFT OF E		1500 SQ FT MAIN EI	NTRANCE IN FRO	ONT, SIDE EN	TRANCE
	ses are now open	with all laws of the Con for business (If not exp there or Authorized Corp	olain below)		
DATE:	TELEPH	IONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	08600028		CI	IY OK IOV	VN BELLING	HAIVI
APPLICATION FOR R	ENEWAL:	Annua	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: S DOING BUSINESS A			JORS			
ADDRESS 110 PULAS	SKI BLVD.					
CITY/TOWN: BELLI	NGHAM	STATE:	MA	ZIP CODE	: 02019	
MANAGER: BENDE	ER, BRIAN E.TYPE	OF LICENS	SE:Packag	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIC SINGLE STORY BLDG ENTRANCE AND 280 FLOOR OFFICES. EN	G DIVIDED INTO 2 0 SQ FT FOR RETA I/EXIT ON SAID S	S: 2 ROOMS. AIL SALES TREET	ADDITIC AND 200	N CONSIST		
2. the licensee 3. the premises SIGNED BY	license will be of the has complied with al are now open for bu	e same type i il laws of the usiness (If no	for the sar Common ot explain	wealth relati		
DATE:	TELEPHONE	NUMBER:			PYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))			LOCAL LICI By:	ENSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	08600032		CIT	Y OR TOWN	BELLING	HAM
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: B	BELLINGHAM SI	PORTSMAN'S (CLUB, IN	C		
DOING BUSINESS A						
ADDRESS 360 LAKE	ST					
CITY/TOWN: BELLI	NGHAM	STATE: N	MA	ZIP CODE:	02019	
MANAGER: LEAVI	TT, DAVID TYP	PE OF LICENSE	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	CASE ALSO VISIT OUR WI		OUR EMAIL A	DDRESS		
DESCRIPTION OF LIC			EG LOID	IOE WEGUE	N PINOTIO	N.Y
SINGLE STORY BLDG ROOM STORAGE RO building					N, FUNCTIO	JN
I hereby certify and swe	ar under penalties	of perjury that:				
	license will be of	• •		-		
	has complied with			_	to taxes; and	
3. the premises	are now open for	business (If not	explain be	elow)		
SIGNED BY						
I	ndividual, Partner	or Authorized C	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and the	head of t	he fire depart	ment for the	above
Please Check Below:			LO	OCAL LICENS	SING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED: (If disapproved explain)	1					
(11 disapproved explain)	,					
			_			
DATE:						



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LICENSE NUM	BER: 008600036		CITY OR TOWN	BELLINGHAM
APPLICATION	FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: UNO RESTA	AURANTS, LLC		
DOING BUSIN	ESS A Uno Chicag	go Grill		
ADDRESS 205	HARTFORD AVE			
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE:	02019
	ΓARNUZZER, OHN	TYPE OF LICENSE: Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
ALTER PREMIS LICENSE.	SES BY ADDING	A TWENTY SEAT PATION	O AND EXTE NDIN	G ALL ALCOHOL
I hereby certify a	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	same premises now l	icensed;
2. the lie	censee has complie	ed with all laws of the Com	monwealth relating to	taxes; and
3. the pr	remises are now op	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, si	gned by the build	we are in possession (1) th ing inspector and the head cate of liquor liability insu	d of the fire departm	ent for the above
Please Check Below	<u>v:</u>		LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved 6	expiaiii)			
				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	108600038		CITY OR I	OWN BELLING	ΠAIVI
APPLICATION FOR F	RENEWAL:	Annual	Ι	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SGBSYP LLC				
DOING BUSINESS A	FIELDS WINE	E & SPIRITS			
ADDRESS 116 MECH	IANIC ST				
CITY/TOWN: BELLI	NGHAM	STATE: M	A ZIP COI	DE: 02019	
MANAGER: PATEL	., KUNAL T	YPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUF	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREM	MISES:			
3200 SQ FT STORE W ADDITIONAL STEEL RESTROOMS					VT/EXIT.
I hereby certify and swe	ear under penalt	ies of perjury that:			
	_	of the same type for	the same premise	es now licensed;	
2. the licensee	has complied w	rith all laws of the Co	ommonwealth rel	ating to taxes; and	
3. the premises	s are now open f	for business (If not ex	xplain below)		
SIGNED BY					
]	Individual, Partr	ner or Authorized Co	orporate Officer		
D. A. M.E.					
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICAT IOT Individual Social S	
			(110te. <u>1</u> 1	ilot ilidividuai sociai s	security Number)
Please Check Below: APPROVED:				ICENSING AUTH	ORITY
DISAPPROVED:]		By:		
(If disapproved explain) 1				
Tr	,				
D.A.TEE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 008600039		CITY OR TOWN	BELLINGHAM
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	ME: OUTBACK STEAKH ESS A OUTBACK STEAK		RIDA,LLC	
ADDRESS CRO	OSSROADS SHOPPING CT	R		
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE:	02019
	MORALES,STEPH TYPE (ANIE M.	OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISES	}:		
KITCHEN, 2 PI	INIT CONTAINING APPRO UBLIC RESTROOMS, ONE SIDE AND ONE EMERGE	ENTRANCE A	ND EXIT IN FRONT	Γ. ONE ENTRANCE
I hereby certify	and swear under penalties of	perjury that:		
1. the re	enewed license will be of the	same type for th	e same premises now	licensed;
2. the li	censee has complied with all	laws of the Com	nmonwealth relating to	o taxes; and
3. the p	remises are now open for bus	siness (If not exp	lain below)	
SIGNED BY	Individual, Partner or	Authorized Corp	porate Officer	
DATE:				
DATE.	TELEPHONE N	IUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(11010. <u>1101</u> mid	ividual Social Security (validel)
Acts of 2004, s	igned, attest that we are in igned by the building inspeand (2) the certificate of liq	ctor and the hea	ad of the fire departı	ment for the above
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	SING AUTHORITY
DATE:			-	



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LICENSE NUMBER:	008600041		CITY OR TOW	N BELLINGHAM
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 15 NORT	A	AND GRILLE, INC		
CITY/TOWN: BELI		STATE: MA	ZIP CODE:	02019
MANAGER: LORI,		PE OF LICENSE: R		CATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
BUILDING C, UNITS	S 10,11 AND 12. O	NE STORY STRIP	MALL WITH FR	ONT ENTRANCE AND
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of	the same type for th	e same premises no	ow licensed;
	e has complied with es are now open for			g to taxes; and
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the hea	ad of the fire depa	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
01 2010.				
Please Check Below:				NSING AUTHORITY
Please Check Below: APPROVED: DISAPPROVED:	n)		LOCAL LICE By:	NSING AUTHORITY
Please Check Below: APPROVED:	n)			NSING AUTHORITY
Please Check Below: APPROVED: DISAPPROVED:	 n)			NSING AUTHORITY



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LICENSE NUMBE	R: 008600042		CITY OR TOW	N BELLING	HAM
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PEPPER DINING	INC.			
DOING BUSINESS	A CHILI'S GRILL	& BAR			
ADDRESS CHARL	ES RIVER CENTER	1			
CITY/TOWN: BE	LLINGHAM	STATE: MA	ZIP CODE:	02019	
MANAGER: DIL	LON, MATHEWTYI	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
	Y & STEEL STRUC R LICENSE TO THI		E CAFE WITH EX	TENSION OF A	ALL
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of	the same type for the	ne same premises no	ow licensed;	
2. the licens	see has complied with	all laws of the Con	nmonwealth relating	g to taxes; and	
3. the prem	ises are now open for	business (If not exp	olain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	THE FRANCIS		EMPLOY	ZED IDENTIFICAT	FION NUMBER.
DITTE.	TELEPHON	IE NUMBER:		ER IDENTIFICAT Individual Social S	
					•
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	spector and the he	ad of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(11 disappioved expi	am)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 008600043		CITY OR TOWN	BELLINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: PJZ SPIRITS,ING	C.		
DOING BUSI	NESS A LEGACY GRIL	LE		
ADDRESS 30	LOCUST ST.			
CITY/TOWN	: BELLINGHAM	STATE: MA	ZIP CODE:	02019
MANAGER:	MICHAEL J. TY ZAZZA	YPE OF LICENSE:R	estaurant CA7	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
I hereby certify	y and swear under penaltic	es of perjury that:		
1. the	renewed license will be o	f the same type for the	ne same premises now li	censed;
2. the	licensee has complied with	th all laws of the Cor	nmonwealth relating to t	axes; and
3. the	premises are now open for	or business (If not exp	plain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Cor	porate Officer	
DATE:	TEI EPHO	NE NUMBER:	EMPLOYER II	DENTIFICATION NUMBER:
	TELLI IIO	NE NOMBER.	(Note: NOT Indiv	idual Social Security Number)
	rsigned, attest that we ar			
	signed by the building in e and (2) the certificate (
of 2010.	(a) valo con valo con valo	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourune required by the	
Please Check Bel	low:		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	NO AUTHORITT
DISAPPROV	ED:		Dy.	
(If disapprove	d explain)			
D . TT				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G	.L. Ch. 138 \$ 16A)



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LICENSE NUI	MBER: 008600044		CITY OR TO	WN DELLING	TAIVI
APPLICATIO	N FOR RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: BAMBOO EX	(PRESS,INC.			
DOING BUSI	NESS A				
ADDRESS 15	NORTH MAIN STRI	EET			
CITY/TOWN:	BELLINGHAM	STATE: M	IA ZIP CODI	E: 02019	
MANAGER:	YU MO,YING	TYPE OF LICENSE	:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PR	EMISES:			
		CE OF APPROX. 250 ND ONE ENTRANCI		F, GLASS	
I hereby certify	and swear under pena	alties of perjury that:			
1. the	renewed license will b	be of the same type for	the same premises	now licensed;	
2. the	licensee has complied	with all laws of the C	ommonwealth relat	ing to taxes; and	
3. the	premises are now ope	n for business (If not e	explain below)		
SIGNED BY	Individual, Pa	urtner or Authorized Co	orporate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Acts of 2004,	signed by the buildin	e are in possession (1 ng inspector and the l nte of liquor liability i	head of the fire de	partment for the	above
Please Check Belo	ow:		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappiovec	· expluiii)				
DATE:					
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING TI	HE MONTH OF NOVEME	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008600045		CITY OR TOWN BELLING	iHAM		
APPLICATION FOR RENEWAL:	Annual	al LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: TENCHI INC.					
DOING BUSINESS A TENCHI SUSHI	[
ADDRESS 254 HARTFORD AVENUE	r				
CITY/TOWN: BELLINGHAM	STATE: MA	ZIP CODE: 02019			
MANAGER: CHEUNG, YINTEE TY	PE OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMI	ISES:				
PREMISES CONSISTS OF MAIN FLO ON OTHER. TWO EXITS, BASEMEN					
I hereby certify and swear under penaltie	s of perjury that:				
1. the renewed license will be of	the same type for the	same premises now licensed;			
2. the licensee has complied wit	h all laws of the Comr	nonwealth relating to taxes; and			
3. the premises are now open for	r business (If not expla	ain below)			
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer			
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
		(Note: NOT Individual Social	Security Number)		
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	d of the fire department for the	e above		
Please Check Below:		LOCAL LICENSING AUTH	IORITY		
APPROVED:		By:			
DISAPPROVED: (If disapproved explain)					
(п авариотов скрани)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 008600048		CITY OR TOWN	BELLING.	HAM
APPLICATION FOI	R RENEWAL:	Annual	LICEN	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 1052 SO	UTH MAIN ST.				
CITY/TOWN: BEI	LINGHAM	STATE: MA	ZIP CODE:	02019	
MANAGER: PAT A.	EL, BHAVESH TYF	'E OF LICENSE: Pa	ckage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
CONVENIENCE ST STORE.	ORE WITH MAIN I	ENTRANCE AND A	AN EXIT ON THE	SIDE OF TH	E
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of	the same type for the	e same premises nov	w licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTH	ORITY
(If disapproved explain	 ain)				
(== ==suppro : ou onpre	/				
DATE:					



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LICENSE NU	MBER: 008600050		CITY OR TOWN	BELLINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
	AME: C.J.P., REST			
ADDRESS 16	0 PULASKI BLVD.			
CITY/TOWN:	BELLINGHAM	STATE: MA	ZIP CODE:	02019
MANAGER:	SHKRELI, KENNETH	TYPE OF LICENSE: Res	taurant CA	ΓEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
OR EXITS I	N THE MAIN DINI	BLVD.APPROX.2,100 SQ. NG AREA & 2 ADDITION REAR OF THE BLVD.		
	premises are now op	ed with all laws of the Common for business (If not explanation) Partner or Authorized Corpo	iin below)	unces, und
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	of the fire departme	ent for the above
Please Check Bel APPROVED: DISAPPROVI	ED:		LOCAL LICENSIN	NG AUTHORITY
DATE:				



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LICENSE NUMBE	CR: 008600051		CITY OR TOWN	BELLINGHAM
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 799 S M		ac		
CITY/TOWN: BE		STATE: MA	ZIP CODE:	02019
MANAGER: Cha		YPE OF LICENSE: Re		CATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	ISES:		
One floor brick with Front and rear entra	•	nsisting of approx 180) sq ft, kitchen, serv	vice bar and dining area.
I hereby certify and	swear under penalti	es of perjury that:		
1. the renev	wed license will be o	of the same type for the	same premises nov	v licensed;
	-	th all laws of the Compor business (If not expl	•	to taxes; and
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building i	nspector and the hea	d of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED:	1			SING AUTHORITY
DISAPPROVED:			By:	
(If disapproved exp	lain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	008600052		CITY OR TOWN BE	LLINGHAM
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ZIO PAOLO'S INC			
DOING BUSINESS A	RISOTTO'S RES	ΓAURANT		
ADDRESS 191 Mech	anic St			
CITY/TOWN: BELI	INGHAM	STATE: MA	ZIP CODE: 02	019
MANAGER: WINS	HMAN,PAUL TYP	E OF LICENSE: Re	staurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
approx 5000 sq ft. rest	and bar area, adding	g 34 seat patio & ext	ending all alchol license t	to this area.
I hereby certify and sw	vear under penalties	of perjury that:		
1. the renewe	d license will be of t	he same type for the	same premises now licer	ised;
2. the licenses	e has complied with	all laws of the Com	monwealth relating to tax	es; and
3. the premise	es are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
			e certificate required by	
			d of the fire department Irance required by Chaj	
of 2010.	e) the certificate of	iquoi nuomity mst	runce required by Chap	tel 110 of the field
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	n)			<u> </u>
			-	· <u>·····</u>
DATE:				
D111L.				



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LICENSE NU	MBER: 008600054	C	IIY OR IOWN BELLING	INAIVI
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: STELLA DI ITA	ALIA INC.		
DOING BUSI	NESS A			
ADDRESS 79	99 SOUTH MAIN STRE	ET UNIT #3		
CITY/TOWN	: BELLINGHAM	STATE: MA	ZIP CODE: 02019	
MANAGER:	GRACEFFA, T SALVATORE J.	YPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
IN A RETAIL BACK OF KI	STRIP MALL AND W	TH FRONT ENT. ON SE 1 LADIES 1 MENS DIN	CCUPANCY 38 SEATS.LO RTIP MALL SIDE AND REA IN AND TAKE OUT AND	
I hereby certif	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the sa	me premises now licensed;	
2. the	licensee has complied w	ith all laws of the Commo	nwealth relating to taxes; and	
3. the	premises are now open f	for business (If not explain	below)	
SIGNED BY		ner or Authorized Corpora	te Officer	
DATE:				
DATE.	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			(10te. 1401 Individual Social	Security (valider)
Acts of 2004,	, signed by the building	inspector and the head o	ertificate required by Chap of the fire department for the nce required by Chapter 11	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	008600055		CITY OR TOWN	1 DELLING	ΠAM
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 3 MECHA	A	IQUOR CENTER, INC			
			ZID CODE	02010	
CITY/TOWN: BELI		STATE: MA		02019	
MANAGER: KHOU ANTO		TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
1950 SF WITH 3 EN' SECURITY	FRANCES AN	D EXITS, FULLY ALA	ARMED WITH SPII	NKLER, FIRE	AND
3. the premise		n for business (If not expertment or Authorized Cor			
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008600056		CITY OR TOWN	BELLING	HAM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: BISON BURGE	R,INC.			
DOING BUSINESS A				
ADDRESS 191 MECHANIC STRRT,	UNIT #9			
CITY/TOWN: BELLINGHAM	STATE: MA	ZIP CODE:	02019	
MANAGER: WINSHMAN,PAUL T	YPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		ı
DESCRIPTION OF LICENSED PREM	IISES:			
2500 SQ. FT. STAND ALONE BUILD	ING RETAIL SPACE	WITH SEATING F	OR 75 PEOP	LE.
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the	same premises now	licensed;	
2. the licensee has complied wi	th all laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expla	in below)		
SIGNED BY				
Individual, Partn	er or Authorized Corpo	rate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TEED ITO	NE WOWIDER.	(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building i				
named license and (2) the certificate				
of 2010.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	.	
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:	INO AO ITIC	JKII I
DISAPPROVED:		2).		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 00860005 /		CITY OR	IOWN	DELLING	HAIN
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
	M & C INDUSTRIES, A DOUGLAS WINE &		ELLINGHAM			
ADDRESS 280 HA	RTFORD AVE					
CITY/TOWN: BE	LLINGHAM	STATE: N	IA ZIP CC	DDE:	02019	
MANAGER: DUF N L.	PONT,BENJAMITYPE (OF LICENSE	:Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YO	UR EMAIL ADDRESS			
	LICENSED PREMISES					
	AIL SPACE LOCATED ΓS; ONE IN FRONT FOI					
2. the licens	wed license will be of the see has complied with all ises are now open for bus Individual, Partner or A	laws of the C iness (If not e	ommonwealth re explain below)	elating t		
DATE:	TELEPHONE N	UMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL I By:	LICENS	SING AUTH	ORITY
DATE:						